The Canadian Nurse

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TUBERCULOSIS.

Tuberculosis has been defined as "An infective disease caused by the bacillus tuberculosis, characterized by nodular bodies called tubercles . . . . and may finally ulcerate, or in some situations calcify."

This disease is perhaps the most dreaded of all diseases by the nursing profession. A few years ago diphtheria and smallpox were perhaps more to be feared than it, but we have now an anti-toxin for the former, and we vaccinate for smallpox, but tuberculosis is still dreaded by the people as before.

Osler says, "Tuberculosis is the most universal scourge of the human race."

About 10 per cent. of the deaths in the United States are assigned to this disease. In England in one year 58,107 deaths, or a mortality of 11.3 per cent., were caused by the bacillus tuberculosis.

Is it any wonder then, that nurses do not wish to have these cases entrusted to their care?

Geographical position has little influence on the disease, but altitude makes a great difference. In the higher regions of the Alps and Andes the death rate from tuberculosis is very low.

Race seems to be quite a factor on this continent. Russians, Poles and Jews have a lower mortality than the Caucasian. Negroes have a comparatively high death rate in the United States.

Since the germ of tuberculosis was first discovered by Koch in 1880 there has been a gradual diminution in the death rate of consumption.

The bacillus tuberculosis is a short, fine, rod shaped germ, slightly curved, with an average length of about 3M. It is an acid fast bacillus, i.e., it retains a basic aniline dye after being treated with an acid. This characteristic it shares with a few other bacteria, but these are practically never found where the bacillus tuberculosis is, thus the diagnosis is made.

Tuberculosis thrives in some animals, especially in the cow. And it has been proven that a man with consumption can infect the cow, and also that tuberculosis in cattle may cause the disease in the human being.

The danger in advanced pulmonary tuberculosis to the attendant, is that the patient, in coughing, throws off millions of bacteria, in his sputum, in a single day. When this dries it rapidly becomes dust, and is widely distributed. Any one of these millions of bacilli may cause the disease if the culture media is right.

It is possible, but very improbable, that the disease is transmitted directly to the unborn babe. It may occur through the ovum, or directly through the blood stream and placenta. It seems more reasonable to think that the babe is infected after birth by the father or mother.

Inoculation may occur through an abrasion of the skin, but inoculation plays a trifling part in the transmission of tuberculosis in man.

Infection by inhalation is a common way. A belief in the contagiousness of pulmonary tuberculosis has existed for centuries, but it is only within our own time that anything has been proven, and the bacillus isolated.

It has been said, "The consumptive in himself is almost harmless, and he only becomes harmful through his bad habits."

In favor of infection by inhalation may be cited the following:

The primary lesions are usually in the respiratory tract. In nearly every postmortem we find some trace of tuberculosis in the lungs or bronchial glands. But the subject may never have shown any sign of the disease during life.

Special danger exists when the contact is very intimate as between man and wife—in one class of cases, one patient lost four wives in succession from tuberculosis; one lost three, and four lost two each.

There are two chief channels—the tonsil, and intestine—in which infection by ingestion may take place. Each one has its advocates, and there are some cases of tuberculosis which undoubtedly occur through these channels.

What conditions influence the infection?

Certainly the environment is the chief predisposing factor. The cities are full of tuberculosis while the country is comparatively free of it. Sunlight is a powerful agent in destroying bacteria, so any place where sunlight does not reach is more liable to contain the bacillus tuberculosis.

Wet and dampness both lower the vitality and give the germ a chance to grow.

Persons who do not expand the lungs, and those who stoop over a great deal at their work, are very prone to the disease, especially if the person works in a dusty, poorly ventilated room.

Age and sex make little difference to tuberculosis—none being exempt.

Catarrh of the respiratory passages may lower the vitality so much that the germ gains a foothold in what has always been an impregnable castle.

How often we hear, "Oh, he just let his cold go on, and consumption developed."

After measles, typhoid, etc., when tuberculosis develops, it may not mean a new infection, but the blazing of a smouldering fire. The patient has had the bacillus in his body before the acute malady came, but the latter had so lowered the recuperative powers that the tuberculosis blazed forth as never before.

Chronic heart disease (except mitral stenosis), chronic nephritis and cirrhosis of the liver are all said to favor tuberculosis.

Trauma also favors the infection, as in injury to the chest wall, and an injury to the knee may start a tuberculous arthritis.

In adults the lungs are usually first affected, but in children the common sites are in lymph glands, bones or joints.

A typical tubercle is a small nodular spot, in which are found giant cells and leucocytes. It may go on to caseation, becoming softer and spread to the surrounding tissue, or the tubercle may be walled off by nature, and a calcarious spot is all that is left. In this way a regular prison is built by nature around the enclosed bacteria.

Not in every case that the bacteria gets into the human being does tuberculosis develop. When the germ gains entrance to the body the patient may be strong and healthy enough so that the bacilli can not grow—the seed has fallen by the wayside.

In others a lodgment is gained, slight damage done, but eventually the system walls off the disease—the seed has fallen in stony ground.

But in some cases the bacilli meet the required media, they multiply, caseation prevails and eventually the patient is overcome with the disease—the seed has fallen in good ground.

There are many forms of tuberculosis which the pathologist may point out. Our one thought, however, is not the kind of tuberculosis, but rather how to prevent it, or, when our patient has the disease, how to control it.

The Tubercular Sanitorium, St. Catherines, Ont.

Teach the general public the danger of the disease, how it is spread, etc., and the mortality will decrease accordingly. How often we find little children playing with, and even kissing, a person with advanced pulmonary tuberculosis!

The sanitary condition of the slums of our cities must be improved if we would ever stamp out the "Great White Plague."

Spitting in public places must be stopped.

Cities must have sanatoria for the treatment of this dreaded disease, and these places should be in charge of competent officials.

All sputum must be carefully burned, and this, I am sorry to say, is not

always done. The consumptive in many cases thinks only of himself, and you must teach him to be considerate of others.

An infant born of tuberculous parents should be brought up with the greatest care. It should live and sleep in the open air. Special attention should be given to the diet, which should consist of milk and other fatty foods.

The spontaneous healing of tuberculosis is very common. We all know of patients who have been cured. The diseased part is simply walled off by nature.

The open air treatment for this disease may be carried out at home, or perhaps better still at a sanatorium.

If at home a verandah or tent should be fitted up for a bedroom. The patient should not go into the house more than is absolutely necessary, no matter how cold the day. The pure, fresh air is *the* important factor.

Much depends on the digestion in the cure of tuberculosis. It is seldom we see a case with chronic gastritis which is really cured, unless the stomach is first put in order. Eggs, milk, koumyss and beef juice may be given. In fact any easily digested food which contains fat is good.

We do not use nearly as many drugs in the treatment of tuberculosis as were used years ago. Tuberculin has fallen into decline with the profession.

Creosote is often used, but it upsets the digestion. Creosotal m i three times a day in capsules, increased gradually to m x, t.i.d., is still largely used.

Arsenic in the form of Fowler's solution is a splendid tonic, and is used in many cases.

Perhaps the best medicine is cod liver oil given in fairly small doses 1 dr. after meals.

Succinamide of mercury gr. 1-10 per hypo. has been used with variable results.

For patients who are unable to take fatty food, tablets of cellasin may be given. These increase the appetite for fatty food.

Olive oil, 1 oz. p.c. may often be given; this is a splendid substitute if patients are unable to take milk.

The sweating may require atropine, and if the cough is severe morphia may be combined, or counter irritation applied.

The diarrhoea may require bismuth alone, or combined with Dover's powder. Sometimes a small starch enema is very effectual.

It is needless for me to add how careful a nurse should be in handling these cases. The hands should always be made aseptic after attending to a tuberculosis patient. Dipping the hands in 1-2000 solution of bichloride of mercury will not make the hands aseptic. They must be thoroughly cleansed with soap, water and a nail brush, then well washed in the bichloride solution.

The patient should have separate dishes, and these must be boiled for at least ten minutes every time they are touched by the patient.

The excreta should be made sterile with chloride of lime before disposing of it, and the sputum burned.

D. W. CURREY, M.D.

St. Catharines, Ont.

THE PLACE OF APPRENTICESHIP IN VOCATIONAL TRAINING.

(Continued from January)

But even with the fairest treatment in this practical work, there is no reason to assume that the boy understands the principles underlying the operations which he so quickly masters, or that he knows the relation between one part of the process and another. Put him always in the same situation and he will respond automatically—animals can do that—but give him a new problem, and he is at sea. He has no means of interpreting a new situation, because he does not hold the key. In industry as well as in the professions, it is resourcefulness, quickness of adjustment, the intelligent application of principles to new and unusual situations which marks real efficiency. Such initiative and such intelligence is developed only by chance under a system where skill and speed are the primary considerations. The whole tendency in such a training is to render the customary activities mechanical. This means that the reactions are committed to the lower centres of the spinal cord, and that the higher intellectual centres gradually deteriorate from lack of use. This kind of training will produce automatic human machines, but it will never supply alert and intelligent workmen or capable foremen and superintendents. Daniel Webster in his Plymouth oration in 1882 makes this one of the bulwarks of democracy—"Make them intelligent and they will be vigilant; give them the means of detecting the wrong and they will apply the remedy."

It is said that you can educate no one who is not happy. Certain it is that the doctrine of "interest" is a fundamental one in education. To feel a purpose and a motive in one's task, to discover new and surprising possibilities even in the simplest procedures, to take an honest pride in the doing of the simplest duties because one sees the relation of these to the great whole—these are not things that come from any hit-or-miss method of teaching; they require time and personality and training. They require concentrated directed effort both by pupils and teacher. Such a live interest and joy in one's work is rarely formed nowadays in the old type of apprenticeship training.

4. The final criticism is that training through practical participation alone *restricts professional advancement*. The tendency in all such occupations is to do things in set ways, to pass on methods rather than principles, to learn by initiation or by rule rather than by experimentation based on fundamental laws. The result is stagnation. It is said that if work can be done effectively by the apprenticeship system, you have a trade or an occupation as a result. It becomes a profession only when a sufficient body of theory is required, by which practice may be controlled and varied to suit different requirements. A trade is guided by rules and regulations which may be ultimately based on natural laws, but these are not necessary to efficient workmanship. Bricklaying has progressed scarcely at all since the time of the Pharaohs. It is this inelasticity, this "rule-of-thumb" method which distinguishes the trade of carpentering from the profession of architecture, or the trade of blacksmithing from the profession of engineering.

But even in many of the older and more primitive occupations, such as farming, dyeing and weaving, cooking and buttermaking, the simple processes have been entirely revolutionized by the aplication of recent scientific discoveries

in biology, in chemistry, in physics and other sciences. Modern agriculture has become more than a simple art, it is increasingly a field of applied science. It would be impossible now to pick up incidentally through the practical work of the farm the principles of scientific agriculture. It is the same with butter-making and cheesemaking, with tanning, with brewing and with the household sciences. Because people have realized that the knowledge of science can help them raise better crops, produce better breeds of stock, etc., and make more money, pressure has been brought to bear on the Government and special schools have been organized where the teaching of these sciences can be done thoroughly and effectively. The significant thing is that just in proportion as these homely and often despised occupations get away from the haphazard method of learning through experience alone, they rise in public estimation and attract a serious and intelligent type of students.

So we are adding year by year to the list of honorable occupations till we are now scarcely able to say which are professions and which simply high vocations. The dignity of an occupation depends on the body of sound theory back of it, as well as on the worth of the service which it contributes to human life, and one might safely say that the ultimate value of that service is indirectly proportionate to the intelligence with which the theory is applied.

It was Florence Nightingale who, with her zeal and her culture and her fund of ready scientific knowledge, transformed nursing and raised it from its too general position among the trades to the rank of a profession. She called it an art, "the finest of the fine arts," and likened the training to the long apprenticeship of the painter and sculptor. But with the rapid development of the sciences relating to health, nursing too is becoming more and more not only an art but a field of applied science, and therefore a field for systematic, organized education. There is no possibility of real progress without this foundation.

Progress must be measured, too, by the extent to which a profession is able to fulfil satsfactorily the demands made upon it. These demands vary greatly from time to time. As the field enlarges and the responsibilities increase, there must be increased facilities for teaching not only the process involved, but the conditions which lead to the demand and the best ways of meeting them. The apprenticeship method of teaching is too static, too narrow in its aims, and moves too slowly, to enable the learners to keep pace with the demands of a steadily enlarging field.

Sufficient facts have been presented to prove that the apprenticeship method of education has many weaknesses, that it is unjust and undemocratic in its scope, unscientific and antiquated in its educational methods and fundamentally unsound from the financial and economic point of view. It is wasteful of time, of human energy, and in many cases of human life. It tends to restrict initiative and individual advancement, and it hampers progress in any vocation that follows its method exclusively. The system has been repudiated by one after another of the higher professions, and is gradually being abandoned or substantially modified by the industries.

There are some things to be said, however, for any system of education where the practical element is so emphasized. At its best it does turn out skilled

workmen. It tries out the man and tests his proficiency in practise as no purely theoretical course can ever do. It eliminates the weakling who is afraid of work, and reveals the shirker, and the time-server, as well as the faithful, conscientious workman. Dean Schneider of Cincinnati says there is nothing like the shop service to bring out the "yellow streak" in a student, and we know what the long, hard discipline of the wards can do toward developing self-reliance, self-forgetfulness and endurance. Further it reveals the worker to himself and shows him just where he falls short. There is no doubt that the "daily doing of needful things with regularity and efficiency is half of a liberal education," and we need much more of this practical kind of training in our schools and colleges.

It is being recognized also that where the practical side of any vocation has been sacrificed to the theoretical, as it has been in many schools of engineering, teaching, medicine, etc., the results have been very far from satisfactory. We all know the star student who is all thumbs where it comes to handling a monkey-wrench or a forceps. We have also tested the efficiency of the correspondence school graduate. The pendulum is certainly swinging away from the narrow, bookish methods of teaching toward the practical, concrete, experimental methods. Far from minimizing the value of practical experience, it is being emphasized more and more as an essential part of all education. The objection to the apprenticeship method of training is not that it teaches through practice, but that it teaches the technique of practice without the reasons, that it emphasizes the muscle side—the hand side—and neglects the thought side which is fundamental to true efficiency.

What we want then in all lines of vocational training is some new type of education that will combine the best methods of the old practical apprenticeship with the best results of modern academic education. It is pretty generally admitted that the practical part should be acquired under working conditions, as far as possible, and that the theory can best be given by some one who is specially trained both as a practical worker and as a teacher. There is some dispute as to whether the theory should precede, accompany or follow the practice, but in most cases the best results seem to have been obtained where the courses run parallel, and where some definite method of co-ordination between the theory and the practice is followed.

I would like to give some description of the wonderful system of industrial education in Germany and of the high type of efficiency produced there among all types of working men and women; also of the methods employed in Great Britain and on the continent and the large variety of vocational schools represented in the United States. I can cite only a few types illustrating what has been attempted in some branches of industrial and commercial education.

1. In Germany every apprentice over fourteen years of age is compelled by law to attend the special school belonging to his trade for from six to twelve hours a week, during his whole apprenticeship. These trade schools teach the theory underlying all the various occupations, blacksmithing, tailoring, hairdressing, even chimney-sweeping. The apprentices also study such general subjects as will help them to be intelligent and conscientious citizens. This compulsory system has been introduced in Cincinnati for a few trades. The schools are

under the public school system and are taught by specially trained teachers. In Boston five large department stores have agreed to send their new shop-girls to a school conducted by the Woman's Educational and Industrial Union of Boston. They attend for half a day six days in the week for a period of three months. At first the girls were sent only half a day per week, but the results were so satisfactory to the employers that the period was lengthened voluntarily. The course consists of arithmetic suited to store needs, the study of textiles and materials, color and design, store technique, business English and something of the psychology of salesmanship. The employers find that they are amply repaid in the increased interest and intelligence of their workers.

2. The regular trade school is something of the same type, but the pupils spend their entire time in the school. The shop is part of the school, and theory and practice are fitted in together in varying proportions, usually about one hour of theory to two or three of practice. The mechanic arts schools and the higher technical schools belong to this type, but here the training is much longer, the studies are highly technical and the preliminary standards are much more advanced. High school graduation is usually demanded for entrance to any of these metal-working, wood-working, textile or other technical courses.

3. A third type of school is the shop school established on the premises by manufacturing or railway companies for their apprentices. Some of these offer very excellent courses, employing trained instructors, and giving from four to eight hours class work per week. The New York Central lines have many such schools of quite an advanced grade. The General Electric Company, of Lynn, Mass., keep their apprentices in the training rooms for two and one-half years, spending six hours weekly on algebra, physics, mechanics, drawing, etc., and applying their principles to the work of the shop under constant supervision. The whole course is three to four years, the boys being paid for all their time at an advancing rate of 9 cents to 18 cents per hour.

4. Probably the most satisfactory type of industrial or professional training is the part-time or co-operative system which has been worked out by the engineering department of the University of Cincinnati. The standards of entrance and course of study are similar to those in any other school of engineering, but here the theory only is taught in the university and the practice is obtained through apprenticeship of the students in various manufacturing establishments in the city. The students go in pairs, one serving at the shop and the other studying in the university, week about. The practical course is so arranged that the students get carefully graduated work in every department, and the instructors keeping closely in touch with problems of the shop are able to correlate the theory and the practice very effectively. The students are paid from 10 cents to 20 cents per hour for their work in the shops and are able in this way to defray some of the expenses of tuition. The work in Cincinnati has been so successful that the system has been introduced into some of the vocational high schools, notably that at Fitchburg, Mass.

(To be Continued)

St. Thomas's Hospital.

Newington, Surrey, S.E.
16th April 1869.

Having known Miss Jamieson during the whole period of her training in the Nightingale School for Nurses at this Hospital, under our direction (1860 61 62) — We have great pleasure in giving our testimony to her practical efficiency as a Nurse as well as to her moral character & good conduct as a Woman

Miss Jamieson left the Nightingale service in consequence of her marriage in 1862, since which time she has obtained considerable experience and credit in Private families, not only as a Monthly Nurse but in the entire management & subsequent treatment of Ladies in their confinements —

That we can most strongly recommend her as a competent Nurse in Medical & Surgical cases and also Midwifery —

We have the honor to be

— S. E. Wardroper —
Sup.t of Nightingale Nurses.
— R. J. Whitfield —
Resident Medical Officer

St. Thomas'
June 29/60

shoes (not slippers) for ward duty, galoshes for wet weather will be provided for you.

L. E. MacDonald

T.

Fanny Wilde an elected candidate for admission into St Thomas's Hospital as probationer under the Nightingale Fund

P.S. Monday the 9th of July is the day fixed for admission to which all must punctually attend

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You are requested as a rule to bring with you in addition to other clothing, 6 chiffs, 3 pairs of stockings, and thin boots - a

Are these not interesting letters? They are, as you see, the property of Mrs. Fanny Wilde McEvoy, of Detroit, on whose behalf an appeal was made in a recent issue. By the courtesy of Miss Aikens we are able to reproduce these letters which take you back to the founding of the first training school for nurses at St. Thomas' Hospital, London, England, by Florence Nightingale. How many of us have preserved our letters of acceptance? And we never know just how valuable they may prove. Mrs. McEvoy is proving the value of hers. Generous and prompt has been the response to the appeal on behalf of this worthy aged nurse. Let us see to it that our response is really effectual in the best sense, so as to allay all anxiety. Note the time and amount of your donation and repeat it yearly. Treasures laid up in this way are never lost.

Miss C. A. Aikens, 722 Sheridan Avenue, Detroit, has gratefully acknowledged a number of donations from Canadian nurses. Can we not add to these? The first report of the committee in charge of the Nightingale Fund is also given, and will be perused with interest by every nurse. We are grateful for the privilege of giving our readers the opportunity of reading these interesting documents.

THE COMMITTEE OF THE COUNCIL OF THE NIGHTINGALE FUND DESIRE TO MAKE THE FOLLOWING REPORT OF THEIR PROCEEDINGS TO THE COUNCIL:—

The Committee was appointed at a meeting of the Council held on the 19th December, 1859, and at the same time Mr. Arthur Hugh Clough was appointed Secretary to the Council.

In accordance with the desire of Miss Nightingale, which was then communicated to the Council, the Committee shortly afterwards put themselves into communication with the President, Treasurer, and Governors of St. Thomas's Hospital, and ultimately entered into an agreement with them relative to a plan for training Nurses in that Hospital.

Under this agreement it is provided that a certain number, (at least fifteen,) probationer Nurses shall be received into the Hospital, all extra expenses thereby caused being charged to the Fund, that the Probationers shall be provided with board and separate lodging in the Hospital, under the charge of a Sister, and shall receive instruction in the wards from the superintending Sisters, the Matron, and the Resident Medical Officer, all of whom are to be allowed to receive remuneration from the Fund for so doing.

The agreement was to remain in force for two years, and be terminable at six months' notice.

The following regulations were laid down by the Committee as to the admission and training of the Probationers:—

1. The Committee of the Nightingale Fund have made arrangements with the authorities of St. Thomas's Hospital for giving a year's training to women desirous of working as Hospital Nurses.

2. Women desirous of receiving this course of training should apply to MRS. WARDROPER, the Matron at St. Thomas's Hospital, subject to whose selection they will be received into the Hospital as Probationers. The age considered desirable for Probationers is from 25 to 35; a certificate of age and a testimonial of character, according to a form which will be supplied by Mrs. Wardroper, will be required, also the name and address of medical attendant.

3. The Probationers will be under the authority of the Matron of the Hospital, and will be subject to the rules of the Hospital.

4. They will be supplied at the cost of the Nightingale Fund, with separate lodging in the Hospital and with board, including tea and sugar, and with their washing; and they will be furnished with a certain quantity of outer clothing. They will serve as assistant-nurses in the wards of the Hospital.

5. They will receive instruction from the Sisters and the Resident Medical Officer. They will be paid, at the end of the first quarter, a sum of £2; at the end of the second quarter, £2 10s.; at the end of the third quarter, £2 10s.; and at the end of the fourth quarter, £3.

6. At the close of a year, their training will be considered complete, and they will be expected to enter into service as Hospital Nurses in such situations as may be offered to them.

7. The names of the Probationers will be entered in a Register, in which a record will be kept of their conduct and qualifications. This will be submitted at the end of every month to the Committee of the Nightingale Fund. At the end of a year those whom the Committee find to have passed satisfactorily through the course of instruction and training, will be entered in the Register as certificated Nurses, and will be recommended for employment accordingly.

8. The term of a Probationer's service is a complete year, and they will be received on the distinct understanding that they will remain for that length of time. They may, however, be allowed to withdraw upon grounds to be approved by the Committee, upon three months' notice. They will be subject to be discharged at any time by the Matron, in case of misconduct, or should she consider them inefficient or negligent of their duties. They will be eligible, upon proof of competency, during their year of training, or at its close, to permanent appointments as extra nurses in St. Thomas's Hospital. The Committee look forward with confidence to being able to find situations for their certificated Nurses, either in St. Thomas's or some other Hospital.

9. The Committee will allow gratuities of £5 and £3, according to two classes of efficiency, to all their certificated Nurses, on receiving evidence of their having served satisfactorily in a Hospital during one entire year succeeding that of their training.

The upper floor of the new wing of St. Thomas's Hospital has been fitted up in a very complete manner for the accommodation of the Probationers, so as to provide a separate bedroom for each, a common sitting-room, and two rooms for the Sister in charge.

In May, 1860, advertisements were inserted in the public papers inviting candidates for admission, and on the 24th of June, fifteen probationers were admitted. Of these fifteen, during the course of the year, three were dismissed, one retired from ill health, and two were appointed as extra nurses in St. Thomas's Hospital. The six vacancies were filled up by additional Probationers, one of whom has since been dismissed. Thirteen Probationers, including the two extra nurses, completed their year's course on the 24th June. Of these, four more have been received as nurses into St. Thomas's Hospital, making six so received altogether. One has been appointed nurse to the Union Workhouse at Stockton-on-Tees, one to the Union Workhouse at Warrington, and applications are now under consideration respecting places for two others. The remaining three have returned to their homes for the present.

Eleven Probationers have been placed on the Register as certificated nurses; seven in the first class, and four in the second.

The course of training given to the Probationers is almost exclusively of a practical kind, and comprehends all that a nurse is required to know, and to do, at the bed-side of the sick.

The regulations show what means are adopted for ascertaining precisely the progress made by each Probationer, and the Committee is kept fully informed on the subject.

The details of the qualifications expected are contained in the following memorandum:—

DUTIES OF PROBATIONER UNDER THE "NIGHTINGALE FUND."

You are required to be

SOBER,
HONEST,
TRUTHFUL,
TRUSTWORTHY,
PUNCTUAL,
QUIET AND ORDERLY,
CLEANLY AND NEAT.

You are expected to become skilful—

1. In the dressing of blisters, burns, sores, wounds, and in applying fomentations, poultices, and minor dressings.
2. In the application of leeches, externally and internally.
3. In the administration of enemas for men and women.
4. In the management of trusses, and applications in uterine complaints.
5. In the best method of friction to the body and extremities.
6. In the management of helpless Patients, *i.e.*, moving, changing, personal cleanliness of feeding, keeping warm, (or cool), preventing and dressing bed sores, managing position of.
7. In bandaging, making bandages, and rollers, lining of splints, &c.
8. In making the beds of the Patients, and removal of sheets whilst Patient is in bed.
9. You are required to attend at operations.
10. To be competent to cook gruel, arrowroot, egg flip, puddings, drinks, for the sick.
11. To understand ventilation, or keeping the Ward fresh by night as well as by day; you are to be careful that great cleanliness is observed in all the utensils; those used for the secretions as well as those required for cooking.
12. To make strict observation of the sick in the following particulars:—
    The state of secretions, expectoration, pulse, skin, appetite; intelligence, as delirium or stupor; breathing, sleep, state of wounds, eruptions, formation of matter, effect of diet or of stimulants, and of medicines.
13. And to learn the management of convalescents.

During the year a number of lectures of a practical character have been kindly given to the Probationers by several of the members of the Medical Staff of the Hospital, viz.:—Dr. Bernays, Dr. Brinton and Mr. Le Gros Clark, as well as by Mr. Whitfield, the Resident Medical Officer. The Chaplain has also twice a week kindly given a short lecture on a religious subject.

The Matron, Mrs. Wardroper, and Mr. Whitfield, under whose immediate superintendence the Probationers are placed, have reported their approval of their general conduct and proficiency; while on the other hand, all the Proba-

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THE SCHOOL NURSE.

The Canadian Public School Nurses' Association held its regular monthly meeting at the Brown Betty, 42 King Street, Toronto, on January 8th. There were twenty members present. Arrangements were completed for the installation of a dental outfit in Earlscourt School as soon as the room set aside for the purpose is available. It is hoped to have a dentist in attendance at regular times during the week and children in surrounding district will be able to have their teeth cared for free of charge, when the parents cannot afford to pay for dental work.

A large number of cases of incipient tuberculosis have been brought to light by the nurses' visits to the homes. A case is cited of a nurse finding two children in school with coughs. On enquiring at the home, the mother stated there was no history of consumption but that the children had repeated colds. The nurse, however, was not satisfied, as she had not been admitted into the home and decided to make a second visit. She discovered the father in the last stage of tuberculosis and the mother admitted knowing the facts. The children had been to a physician who gave no definite report. Later they were examined and found to be infected. The case was at once reported to the Board of Health and the nurse had the children taken in charge by the Heather Club. They are now under treatment and supervision and home conditions improved. This is only one of many cases being brought to light by the nurses in their daily rounds.

Ophthalmia neonatorum causes about one-fourth of all blindness among children and about one-eighth of all blindness from all causes. It is a preventable affliction and its prevention is relatively a very simple matter. Nurses please note! This percentage must be reduced.

The British Journal of Nursing, in the Review of Nursing in 1911, speaks thus of school nursing:

A most useful branch of nursing is that concerned in the care of school children. Educational authorities are learning that their whole duty has not been accomplished when they have brought the children in the schools up to the level of the sixth standard, but that their bodies as well as their minds must be cared for; that warmth, food, light, air and cleanliness are necessary to right physical development, and that children must be taught the elementary principles of hygiene, the application of soap and water, the care of the teeth and other details of personal cleanliness. In relation to all these points the work of the school nurse is of great value. Where necessary she can visit the homes of the children and explain to parents or guardians the necessity for and methods of special treatment. In the case of crippled and delicate children she has her definite place in special invalid and outdoor schools, which have been organized with most beneficial results in various centres. When school clinics are established, which is apparently only a question of time, the school nurse will be a still more important factor in the educational system, and, in co-operation with the medical profession, will help materially to raise the standard of the national health, provided that she is selected from the ranks of the fully trained and well-educated nurses, for much experience and sound judgment are needed by workers in this branch.

Editorial

A GENEROUS GIFT.

Mr. John Ross Robertson, ever the good friend of nurses, has added yet another to his already generous list of gifts to nurses. This time the Toronto Graduate Nurses' Club are the happy recipients and the gift is a beautiful, commodious home for the club on Sherbourne Street, just north of Mr. Robertson's own residence. Could anything be more princely! "Any good thing that I can do, or any kindness that I can show to any human being, let me do it now" seems to be Mr. Robertson's motto, for all he asks is "to see the nurses going in and out and enjoying themselves." And surely the nurses will do this, for this beautiful residence, which Mr. Robertson has had newly decorated and put in first-class condition, is in every way a model home for the Club.

THE EXTENSION FUND.

How to provide skilled nursing for the family of moderate means has several times been discussed in our columns. Different methods have been suggested and different plans tried.

The Central Registry of Graduate Nurses of Toronto, at its annual meeting in June, 1911, took up this question and, with some account of what had been accomplished in Chicago by means of the "Crerar Fund," decided to take definite steps to help solve this problem. A committee was appointed to devise ways and means of doing this. Business men and doctors were consulted, and the committee was strongly advised to raise a sufficient sum by voluntary subscription and to manage its disbursement themselves. Accordingly it was decided to raise a fund of one thousand dollars—to be known as the Central Registry Extension Fund—to supplement the amount paid by the family, the fund to be available for use this winter. The Registry Committee contributed $300 and nearly $500 has been contributed by private subscription. All subscriptions are promised yearly.

Already the committee feels more than repaid, for on more than one occasion the doctor has testified that if skilled care had not been provided, a life would have been sacrificed.

All cases are carefully investigated, and every effort put forth to make the benefits of this fund as far reaching as possible.

The date fixed for the opening of the meeting of the International Council of Nurses by the President, Sister Agnes Karl, is August 12th. Nurses note this and look for further announcements in next issue.

THE ISLA STEWART ORATION.

The Isla Stewart Oration, delivered at the Guildhall, London, on November 14th, 1911, by Miss Cox-Daves, was a splendid and fitting tribute to the great and noble woman whose memory is thus perpetuated by the profession to which her life service was given.

"Isla Stewart, Her Life and Her Influence on the Nursing Profession" was the subject of the Oration, which has been published in pamphlet form so that all nurses may have the privilege of reading it. The pamphlet, price 1s., may be obtained from Manager, British Journal of Nursing Office, 431 Oxford Street, London W., England.

Somewhat unique is the specialty chosen by Miss M. E. McCalmont, R. N., Brooklyn, N. Y.—that of hospital specialist and consultant. But the field is wide, and Miss McCalmont, who has held the position of Chief of the Division of Hospital Construction and Equipment, Bureau of Health, Philippine Islands, brings knowledge, experience and enthusiasm to bear upon her work. We wish her every success.

Miss Stewart's paper on "The Place of Apprenticeship in Vocational Training" is a masterly and exhaustive treatment of this whole subject. Many plain truths are stated very clearly, and much valuable information given. And knowledge gained always means that improvements will follow. Miss I. M. Stewart, a native of Winnipeg and a graduate of Winnipeg General Hospital, is a Professor in the Department of Nursing and Health, Teachers' College, Columbia University, New York, and can speak with authority on educational matters, especially in all branches of nursing education.

SPECIALIZING.

Specializing in some one of the many branches of nursing is being done more and more by the nurses of to-day. There are so many avenues of work now open to the nurse, that it is impossible to excel in all. Her desire is to excel in one and she chooses the branch which most engages her sympathy. Thus we have the school nurse, the hospital specialist, etc. One branch of nursing loudly calling for experts is the care of infants. Too often the work of the physician is hampered by the inexperience of the nurse. "Knowledge is power" here as elsewhere. A couple of months spent on this special branch would be more than compensated by the added confidence such a course would give. Infant mortality would be reduced to a minimum by a large force of such experts. This is a wide field and one that should not be ignored by the nurse. The prevention of infant mortality is a problem the nurse must help to solve.

The British Journal of Nursing, of December 30th, gives a comprehensive review of nursing in 1911. A resume of what has been accomplished in the different organizations and in every branch of nursing in Great Britain and

Ireland. "Our Colonies beyond the Seas," and "Abroad" provides a valuable fund of information. Every country in the world is brought into the review, which is most interesting and very instructive.

Already the nurses of California are planning to have the International Council of Nurses hold its next triennial meeting in San Francisco in 1915. The World's Fair will be held there in that year and it seems very fitting that the nurses of the world should assemble at the same time.

The American Nurses' Association has been delighted and encouraged by the prompt and liberal response of its members to the Isabel Hampton Robb Memorial Fund. This evokes no surprise, for Mrs. Robb, "always a nurse" and the friend of nurses, was one whom nurses everywhere delighted to honor. This fund, founded to perpetuate the educational work which was so dear to her and into which she threw so much well-directed energy, will furnish scholarships for nurses who wish to specialize in some one branch. Nurse specialists are more and more in demand and the successful nurse of the future will be the one who, while possessing a good general training, has made a special study of some branch of nursing work and who excels in her department. About $8,000 has already been raised and the committee sought to swell this sum (which is steadily growing) by issuing a very pretty and instructive calendar—The Isabel Hampton Robb Memorial Calendar—which contains a photogravure of Mrs. Robb on the first leaf. Scholarships will soon be available and thus will go on and grow the splendid, far-reaching work of that grand, broad-minded, good woman —Mrs. Isabel Hampton Robb.

PREVENTION OF BED-SORES.

Zinc ointment and castor oil mixed together in equal quantities, spread on lint or linen, seemed to be able to keep any bed-sore at bay. If a patient had been doing well on the twice daily rubbing with methylated spirit, and then suddenly developed a suspicious redness about any point of pressure, that suspicious part was gently massaged with oil, and a zinc and castor oil dressing was strapped on. In a short time the redness disappeared, but the very fact of its appearance at all was a danger signal that the skin needed more soothing treatment. If thin and badly nourished patients were admitted, they were rubbed with the zinc and oil mixture. After a time a nurse in an infirmary seems to understand when to use the one treatment, and when to use the other, but the golden rule seems to be: "When in doubt, use the zinc and oil."

In private work it has fallen to my lot to be called in to phthisical patients and others, who were in the last stages of their disease. If I found any broken skin, the zinc and oil dressing seemed to heal the places like magic. So far I have never found it to fail, yet I have met many nurses who have never heard of this mixture, and who show a great unwillingness to experiment with it.—A. M. Cameron in *The British Journal of Nursing.*

THE CANADIAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES.

President, Kate Madden, R.N., City Hospital Hamilton; First Vice-President, Mary Ard Mackenzie, R.N., Chief Superintendent Victorian Order of Nurses, Ottawa; Second Vice-President, Jane Craig, Superintendent Western Hospital, Montreal; Treasurer, Louise C. Brent, Hospital for Sick Children, Toronto; Secretary, Alice J. Scott, R.N., 11 Chicora Avenue, Toronto. Auditors—Zeda Young, Mina Rodgers. Councillors—Jane Craig, Mrs. Lyman, M. Y. E. Morton, Mina Rodgers, Mabel F. Hersey, Mary A. Snivley.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL.

President, Miss N. J. Burnett, 423 Main St. East; Vice-President, Mrs. A. W. Newson, 87 Pearl St. North; Recording Secretary, Miss D. E. Street, 200 Hughson St. North; Corresponding Secretary, Miss Etta McLeay, Mountain Sanitorium.

Executive Committee—Mrs. Margaret Reynolds, 87 Victoria Ave. S.; Miss Ida Ainslie, 45 Bay St. S.; Miss Bertha Miller, 87 Victoria Ave. S.; Miss Elizabeth Aitkin, 198 Hughson St. N.; Miss E. J. Deyman, 87 Victoria Ave. S.

Regular meeting, first Tuesday, 8 p.m.

THE ALUMNAE ASSOCIATION, RIVERDALE HOSPITAL, TORONTO.

President, Miss Mathieson, Superintendent; Vice-President, Miss Mannering; Secretary, Miss McElheran, Riverdale Hospital; Treasurer, Miss Fogarty, corner Pape Ave. and Gerrard St.

Sick Visiting Committee, Misses Bishop and Luney; Programme Committee, Misses Stretton, Piggott and Murphy; Executive Committee, Misses Gate, Whitlam, Day and Nicol.

Representatives on Central Registry Committee—Misses Argue and Mannering.

Representative "The Canadian Nurse"—Miss McNeil, 505 Sherbourne St.

Regular meeting, first Thursday, 8 p.m.

THE ALUMNAE ASSOCIATION OF THE TORONTO GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES.

President, Miss Julia Stewart, 12 Selby St.; First Vice-President, Miss M. E. Christie, 19 Classic Ave.; Second Vice-President, Miss Brerton, General Hospital; Recording Secretary, Miss Janet Neilson, 295 Carlton St.; Corresponding Secretary, Mrs. Aubin, care of J. W. Flavelle, Esq., Queen's Park; Treasurer, Mrs. E. M. Feeney, 39 Grove Ave.

Board of Directors—Mrs. Bailey, Miss Field, Miss Florence Ross.

Conveners of Committees—Sick Visiting, Miss Purdy; Registration, Miss Bella Crosby; Social and Lookout, Miss Kilgour; Programme, Miss Tweedie; Central Registry, Miss W. Fergusson, Miss C. A. Mitchell.

"The Canadian Nurse" Representative—Miss Lennox, 107 Bedford Rd.

Regular meeting, first Friday, 3.30 p.m.

THE ALUMNAE ASSOCIATION OF ST. MICHAEL'S HOSPITAL, TORONTO.

President, Miss Connor, 418 Sumach St.; First Vice-President, Miss O'Connor, St. Michael's Hospital; Second Vice-President, Mrs. W. J. Hohlstein, 175 Walmer Rd.; Secretary, Miss O'Meara, 9 Pembroke St.; Treasurer, Miss Thompson, 9 Pembroke St.

Board of Directors—Miss Greene, Hospital for Incurables; Miss Reilly, 9 Pembroke St.; Miss Blaney, 379 Ontario St.

Representatives on Central Registry Committee—Miss Kimmett, 418 Sumach St.; Miss Weyer, 418 Sumach St.; Miss Ryan, 491 Broadview Ave.

Representative "The Canadian Nurse"—Miss Stubberfield, The Home Hospital, 64 Gloucester St.

Secretary-Treasurer Sick Benefit Fund—Miss O'Connor, St. Michael's Hospital.

Regular meeting, second Monday, 3 p.m.

THE ALUMNAE ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

Hon. President, Miss Brent; President, Miss Lina Rogers, 908 Bathurst St.; First Vice-President, Miss M. Ewing, 569 Bathurst St.; Second Vice-President, Miss Clarke, 627 Church St.; Recording Secretary, Miss Hill, 115 Roxborough St. E.; Corresponding Secretary, Miss Teeter; Treasurer, Miss Charters, 425 Carlton St.;

Directors—Miss E. Jamieson, Miss Goodall, 425 Carlton St.; Miss G. Gowans.

Convener of General Business Committee, Miss Ewing, 569 Bathurst St.; Convener of Sick Visiting Committee, Miss G. Gowans, 5 Dupont St.; Press Representative, Mrs. H. E. Clutterbuck, 148 Grace St.; Canadian Nurse, Miss Hill, 608 Church St.; Invalid Cooking, Miss Mary Gray, 505 Sherbourne St.; Central Registry, Miss McCuaig, 7 Bernard Ave.; Miss Gray, 505 Sherbourne St.

Regular meeting, second Thursday, 3.30 p.m.

GRACE HOSPITAL ALUMNAE ASSOCIATION.

Hon. President, Miss Rowan, Supt. of Nurses, Grace Hospital; President, Miss De-Vellin, 505 Sherbourne St.; First Vice-President, Miss A. Carnochan; Second Vice-President, Miss P. Wood; Secretary, Miss I. Sloane, 154 Beverley St.; Assistant Secretary, Miss M. E. Henderson, 434 Markham St.; Treasurer, Miss A. M. Comley, 31 St. Mary St.;

Board of Directors—Misses Etta McPherson, Cordingley, Worden, Cunningham and Noble.

Social Committee—Misses Blewett, Stephens and J. H. Russell.

Convenors of Committees: Sick Visiting—Miss Pearen, 434 Markham St. Programme—Miss Hunter, 566 Sherbourne St.. Press and Publication—Miss L. Smith, 9 Pembroke St.

Representatives on Central Registry Committee—Misses Knight and Hawley, 71 Grenville St.

Representative "The Canadian Nurse"—Miss Rowan.

Regular meeting, second Tuesday, 3 p.m.

THE FLORENCE NIGHTINGALE ASSOCIATION OF TORONTO.

Honorary President, Miss M. J. Kennedy, 1189 Yates St., Victoria, B.C.; President, Miss M. A. McKenzie, 290 Macpherson Ave.; Vice-President, Miss M. Urquhart, 64 Howard St.; Secretary-Treasurer, Miss J. C. Wardell, 171 Delaware Ave.

Board of Directors—Misses Pringle, Waddell, Kinder, Hamilton, Griffith, Wilson, and Mrs. Valentine.

Convener Social Committee—Miss McKenzie.

Representatives the Central Registry—Misses McKenzie and Waddell.

The Canadian Nurse Representative—Miss M. S. Wilson, 434 Markham St.

The Association meets every six weeks.

THE TORONTO WESTERN HOSPITAL ALUMNAE ASSOCIATION.

Hon. President, Miss Bell, Lady Superintendent; President, Mrs. MacConnell, 125 Major St.; 1st Vice-President, Miss M. Wilson, 30 Brunswick Ave.; 2nd Vice-President, Miss M. Brett, 27 Irwin Ave.; Recording Secretary, Miss M. Kelly, 254 North Lisgar St.; Corresponding Secretary, Miss L. Bowling, 77 Winchester St.; Treasurer, Miss Mary Anderson, 48 Wilson Ave.

Visiting Committee—Mrs. Yorke, 400 Manning Ave.; Miss M. Booth, 30 Brunswick Ave. Registry Committee—Miss E. McArthur, 30 Brunswick Ave.; Miss Anderson.

Board of Directors—Miss M. Brett, 27 Irwin Ave.; Mrs. Yorke, 400 Manning Ave.; Miss E. Hamlin, 30 Brunswick Ave.

Programme Committee—Miss M. Misner, 16 Ulster St.; Mrs. Valentine.

The Canadian Nurse—Miss M. Butchart.

Regular meeting first Friday, 3.30 p.m.

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 615 a.m Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.
District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216 Drummond Street.
District Secretary—Miss M. Young, 36 Sherbrooke Street.
District Treasurer—Mrs. Messurvy, 37 Church Street.

TORONTO—St. Augustine's Parish House, 8 Spruce Street, last Monday, 8 p.m.
Chaplain—Rev. F. G. Plummer.
Superior—Miss Brent.

QUEBEC—All Saints Chapel, The Close. Guild service, fourth Tuesday, 8.15 p.m.
Chaplain—The very Rev. the Dean of Quebec.
Superior—Mrs. Williams, The Close.

THE ARCH-CONFRATERNITY OF THE "MISERICORDIA," FLORENCE.

(Continued from December)

When a "Giornante" dies his body is brought to the Oratory with six torches, and a "Stracciafoglio" with four. Six special masses are said for a "Giornante," but none apparently for a "Stracciafoglio," beyond the general masses said for all who have belonged to the Misericordia on the day of St. Tobias, and on the Day of the Dead, the 2nd of November.

Since 1896 women, if closely related to a member either as wife, daughter, mother, or sister, may on payment of a small yearly fee be inscribed as honorary sisters of the Misericordia. This gives them the right of being interred in the cemetery at Soffiano, and the privilege of sharing in the spiritual benefits granted to members of the order.

Societies closely resembling the Misericordia, and founded in imitation of it, exist in many towns in Tuscany and in most of the country districts near Florence. These confraternities, some of which dress in white, not black, are all affiliated to the Arch-Confraternity, and are bound by an unwritten law to respect the rights of the latter within the city. Thus no country confraternity may convey their sick direct to the Florence hospitals; they are met at a given point outside the city gates by the Florence Misericordia, to whose litter the patient is transferred. An exception is made for the Misericordia of Rifredi, which for some ancient and unknown, or long-forgotten reason, has the privilege of entering the city with its litter.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(INCORPORATED 1908)

President, Miss Bella Crosby, 41 Rose Avenue, Toronto; First Vice-President, Miss Mina Rodgers, General Hospital, Niagara Falls, Ont.; Second Vice-President, Mrs. W. S. Tilley, Toronto; Recording Secretary, Miss Ina F. Pringle, 164 Cottingham Street, Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Avenue, Toronto; Treasurer, Miss L. L. Rogers, 908 Bathurst Street, Toronto.

Board of Directors—Miss L. C. Brent, Hospital for Sick Children, Toronto; Mrs. Paffard, 81 Grenville Street, Toronto; Miss K. Mathieson, Riverdale Hospital, Toronto; Miss A. J. Scott, 11 Chicora Avenue, Toronto; Miss Mary Gray, 505 Sherbourne Street, Toronto; Miss Jean C. Wardell, 97 Delaware Avenue, Toronto; Mrs. Clutterbuck, 148 Grace Street, Toronto; Miss Ewing, 569 Bathurst Street, Toronto; Miss E. R. Greene, 130 Dunn Avenue, Toronto; Miss Butchart, 563 West Bloor Street, Toronto; Miss Jamieson, 23 Woodlawn Avenue East, Toronto; Miss DeVellin, 505 Sherbourne Street, Toronto; Miss Barnard, 608 Church Street, Toronto; Miss Kimmett, 853 Bathurst Street, Toronto.

Convenors of Standing Committees—Legislation, Mrs. Paffard; Revision of Constitution and By-Laws, Miss A. J. Scott; Press and Publication, Miss L. L. Rogers; representative to The Canadian Nurse Editorial Board, Miss Jamieson.

The regular meeting of the Executive was held on January 3rd at 3 p.m. at the Nurses' Club Room, 22 College Street, Toronto. A letter was read from Mrs. Reynolds, Press Representative of the National Council of Women of Canada, stating that the Council now had a department in the Canadian Magazine in charge of Mrs. Reynolds, and asking that affiliated associations help to increase the subscription list. It was decided to subscribe for one for the Association and have it sent to the Club.

The committee regretted to learn that Miss Barnard had been called home on account of the illness of her father, but expressed the hope that she would soon return and resume her work. Five new members were received.

The Calendar Committee reported a number of calendars still on hand and gratefully acknowledged the assistance of the nurses in disposing of these, especially mentioning Miss Foley, Superintendent of Tuberculosis Hospital, Chicago, who had sold thirty-five.

The Treasurer reported a balance of $237.06. Will members in arrears remit as early as possible so as to facilitate the Treasurer's work.

Further plans were made for the annual meeting to be held in Hamilton in May. It is hoped that there will be a large attendance of members at this meeting.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

Established 1895. Incorporated 1901.

President—Miss Phillips.

Vice-Presidents—Miss M. Welsh and Miss Colquhoun.

Treasurer—Miss Des Brisay.

Secretary—Miss Colley, 133 Hutchison Street.

Registrar—Mrs. Burch, 175 Mansfield Street.

Reading Room—The Lindsay Bldg., Room 611, 517 St. Catherine St. West.

Lectures—From November until May, inclusive, in the Medico-Chirurgical Society Rooms, 75 Mansfield Street, first Tuesday, 8 p.m.

The meeting was postponed one week and held on January 9th at 8 p.m. There was a large attendance. Miss Phillips, the President, presided. Article IV of the Constitution was changed to read "two years' training" as a number of nurses from the United States had applied for membership who had graduated from hospitals giving only a two years' course.

Dr. Morrow gave a most interesting and instructive lecture on "The Pulse." Dr. Morrow is an able lecturer and with the aid of one or two charts explained every kind of pulse and made the subject very clear. A hearty vote of thanks was tendered Dr. Morrow, after which refreshments were served and a social half hour enjoyed.

Miss Phillips and Miss Colley were asked by the Health Association of Montreal to attend the meetings of that Association held on December 13-15, 1911. There was nothing of interest to the C. N. A. to report.

The Alumnae Association of the Montreal General Hospital extended a cordial invitation to the members of the C. N. A. to attend a lecture to be given in the lecture hall of the hospital on Friday, January 12th, at 4 p.m., by Dr. Altherton on "The Child Welfare Exhibit."

My Scallop Shell of Quiet

Give me my Scallop Shell of Quiet
My staff of faith to walk upon,
My scrip of joy, immortal diet,
My bottle of salvation,
My gown of glory, hope's true gage,
And thus I'll take my pilgrimage.

Blood must be my body's balmer;
No other balm will there be given;
Whilst my soul, like quiet palmer,
Travelleth toward the land of Heaven.

. . . . . .

My soul will be a-dry before,
But, after, it will thirst no more.

THE FOOTPATH TO PEACE.

To be *glad* of life, because it gives you a chance to live and to work and to play, and to look up at the stars, to be satisfied with your possessions, but not contented with yourself until you have made the best of them; to despise nothing in the world but falsehood and meanness, and to fear nothing except cowardice; to be governed by your admirations rather than by your disgusts; to covet nothing that is your neighbor's except his kindness of heart and gentleness of manners; to think seldom of your enemies, often of your friends, and every day of Christ; and to spend as much time as you can with body and with spirit in God's out-of-doors—these are the little guide posts on the footpath to peace.—*Henry Van Dyke.*

POST-GRADUATE COURSE IN DISTRICT NURSING.

1. The Training Homes of the Order are in Toronto, Ottawa and Montreal.

2. A four months' post-graduate course in District Nursing is given at each of these three training centres of the Order.

3. During the course, the nurses live in the Home, receiving, besides instruction and experience in the district, all living expenses—board, lodging, laundry—and twenty-five dollars a month.

4. The course consists of (a) practical instruction in how to care for the sick in the homes of the poor and of people of moderate means, and how to teach in those homes, the simple rules of hygienic living; (b) instruction in the keeping of records and in the management of a district; (c) lectures and talks on District or Visiting Nursing and Social Service work.

5. The average number of hours on duty is eight, and each nurse is allowed one-half day a week and a part of Sunday.

6. On entering for the course, nurses are required to bring with them, three colored wash dresses—the uniforms of their schools, if possible,—six white aprons, with bibs, white collars and cuffs, a long coat—preferably navy blue—a plain hat and well-fitting shoes.

7. At the end of the course, if satisfactory, and they wish to join the Order, they are admitted, presented with the diploma and medal of the Order, and placed wherever there is a suitable vacancy.

8. The Order is usually able to place all nurses, possessing the necessary qualifications, as they have branches throughout the Dominion—district nursing branches in town and country districts, as well as hospitals.

9. The salaries in permanent posts vary from thirty dollars a month to sixty, with board, lodging, laundry and uniform—making the total allowances range from fifty to eighty dollars a month.

10. One month's vacation each year with full salary is allowed all Victorian Order nurses.

11. The Victorian Order of Nurses offers exceptional opportunities to all nurses interested in the various phases of District Nursing and Social Service work.

HOSPITALS AND NURSES

Misses Code and Guiry, of Fort William, Ont., have gone to London, Ont., to practice their profession. Their friends much regret their departure.

Miss Glass has resigned her position as Head Nurse at G. and M. Hospital, St. Catharines.

Miss Reba Galloway, graduate of Guelph General Hospital, class '11, has taken a position in the Galt Hospital, Lethbridge, Alta. Miss Galloway was the winner of the Alumnae Association prize, being head of her graduating class.

Miss E. Leadley, graduate of Guelph General Hospital, who has been private nursing in Guelph for some time, has gone to Winnipeg to engage in private nursing. Miss Leadley will be greatly missed by the Alumnae Association, in which she took an active part.

Miss Craig and Miss Mabel McTaggart, graduates of Vancouver General Hospital, sailed on the S.S. Makura, December 27th, 1911, for Honolulu. They expect to be away from Vancouver, B. C., about three months.

Miss Marion Adah Mighton, of Painesville, Ohio, a graduate of the Painesville Hospital, and also of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia, Pa., has been engaged for the Cherokee State Hospital, Cherokee, Iowa, to take charge of the mechanical department.

The regular meeting of the Alumnae Association of the Hospital for Sick Children, Toronto, was held in the Nurses' Residence on December 14th at 3.30 p.m. The Vice-President, Miss Jamieson, presided. It was decided to hold the meetings every alternate month, the Heather Club to hold its meetings alternately with the Association. The Association will meet in February, April and June. The programme for the winter covers "Woman's Work" in all its branches. "Social Service" is the subject for the meeting on February 8th.

The Graduate Nurses' Association of Thunder Bay District met at the home of the Secretary, Mrs. Harvey, Victoria Avenue, Fort William, Ont., on December 7th. The officers for 1911-12 were appointed as follows: President, Mrs. J. E. Cooke; First Vice-President, Miss Blackmore; Second Vice-President, Miss Mae MacLean; Secretary, Mrs. B. M. Harvey; Treasurer, Miss Shaughnessy; Directors—Mrs. Williamson, Mrs. Weston, Misses Bradley and Sherratt. At the close of the meeting, refreshments were served and a pleasant social hour enjoyed.

The graduating exercises of the Training School for Nurses of the Woman's Hospital, Montreal, were held on November 28th. Short addresses were given by Dr. H. L. Reddy and Dr. W. Burnett. The nurses receiving diplomas and medals were: Maria Quinlan, Coteau-du-lac, Que.; Helen Morrison, Montreal; Emily Francis, Montreal; Annie Masterman, Montreal; Mrs. M. A. Horncastle, St. John, N. B.; Lilly Copping, New Glasgow, Que. Each nurse was also presented with a suitcase in token of appreciation of her two years of earnest, faithful work. These are useful souvenirs of the hospital. Supper was served to the graduates and their friends. The table and rooms were beautifully decorated with chrysanthemums and smilax.

At the monthly meetings at Restholm, Halifax, addresses will be delivered on the following subjects: "The Nursing Care of the Insane," "Physical Culture in Relation to Health," "Infantile Paralysis," "Surgical Conditions in Children," "Work of the National Council of Women."

The November meeting, held at Restholm, was well attended. An admirable address, which was listened to with keen interest, was delivered by Dr. Hattie, Superintendent of the Nova Scotia Hospital, on "The Nursing Care of the Insane."

The extreme difficulty of caring for sufferers from mental diseases and the importance that those in attendance should be persons not only of a high type of character, but skilled and proficient in the practice of their profession, was pointed out by the lecturer in his introductory remarks. The address was more especially devoted to the consideration of melancholia and milder forms of mental derangement—cases so frequently encountered by the private nurse—and the means by which they may be most successfully ministered to. Instruction was given regarding forced feeding, sedative treatment, and also with regard to the method of dealing with complications likely to occur.

A hearty vote of thanks was tendered to Dr. Hattie on the conclusion of the lecture.

Best wishes of the Association have been extended to several popular members recently married, amongst whom are: Mrs. Gillis (nee Miss Manson), late Matron of Harbor View Hospital; Mrs. Lyman Hamilton (nee Miss Sadie Hamilton); Mrs. Fraser, New Glasgow (nee Miss Ray Fraser, Halifax); Mrs. P. MacDonald (nee Miss Horton); Mrs. C. MacDonald (nee Miss Margaret McLean).

Miss Pope, R. R. C., Matron Military Station Hospital, Halifax, who has been seriously ill, is improving and hopes to spend the winter in the Barbadoes.

Miss S. A. Barrington, who has returned also much improved in health after her enjoyable visit to Scotland and Ireland, will spend the winter in Cape Breton, with her mother, Lady Barrington.

Misses Grumbley, McGee and McMeagher, the three first graduates of the Halifax Infirmary Training School, have been awarded diplomas. The graduating exercises were held at the Masonic Hall. Congratulary speeches were made by Dr. John Stewart, Dr. Blebadder and others.

One of the last survivors of the band of consecrated women who went out with Florence Nightingale to nurse the troops during the Crimean War has just died in London, after a long illness, at the age of eighty-four. When the war broke out Mother Mary Anastasia Kelly was a young nun, and volunteered with half a dozen others of the Order of Mercy to undertake the duty of nursing the wounded and those stricken down by enteric fever. On her return at the end of the war she was sent to nurse at the St. John and St. Elizabeth Hospital, then in Great Ormond Street, but now in St. John's Wood, London. Some forty years after the war it was brought to the knowledge of Queen Victoria that four of these nuns were still living and had received no official recognition of the services they had rendered. They then received a command to attend at Buckingham Palace, where Her Majesty decorated them with the Order of the Red Cross.

The Tablet, commenting on the death of this heroine of charity, says:

"Memories of Scutari are quickened afresh in English minds this week by the death of Mother M. Anastasia Kelly at the St. John's Wood Convent of her Order. This event leaves but one sole survivor of the band of brave Sisters of Mercy who took ship with Florence Nightingale for the Scutari hospital wards, packed with England's cholera-stricken soldiers. This is Mother Mary Joseph Stanislas (born Jones), of the same convent, whose years now number eighty-nine. Elsewhere and in another order one other heroine veteran remains who shared in the horrors and glories of the Crimea. Mother St. George (born Pursell, at the Convent of the Faithful Virgin, Norwood, well recalls the day, fifty-seven years ago, when she left that house, at a few hours' notice, in response to Bishop Grant's appeal for volunteers."—*Catholic Register.*

The regular monthly meeting of the Toronto Western Hospital Alumnae Association was held on December 6th at the home of Miss Bowling, Winchester Street. Routine business received attention and plans for an Alumnae Dance were discussed, but, owing to small attendance, were left for final decision at next meeting. Miss Rogers, Superintendent of School Nurses, had been invited to address the members but was unable to be present. Miss Butchart, one of the staff, gave a short outline of the system and also the scheme for the equipment of a dental clinic for the poor sections undertaken by the Public School Nurses' Association. Refreshments were served at the close.

Moncton, N. B.—At a special meeting of the Moncton Hospital Board, the resignation of Miss Sophie G. MacDonald, to take effect January 11th, 1912, was accepted, and at the same time a resoltuion was unanimously passed:

"The officers and trustees of the Moncton Hospital having received the resignation of Miss MacDonald, Superintendent, together with the report of the committee that Miss MacDonald declines to reconsider the same, regretfully accept the resignation, desiring at the same time to place on record their grateful appreciation of the faithful services rendered by Miss MacDonald during her term of office as Superintendent of said institution, and furthermore most heartily recommend her to any hospital which may require an efficient superintendent."

The Ottawa Local Association of the Victorian Order of Nurses has purchased a handsome, commodious home in Albert Street for the staff. The head office is still at the home of the Order, 578 Somerset Street, Ottawa.

The new home of the Vancouver branch of the Victorian Order—the Florence Nightingale Home—was dedicated and formally opened early in November. This is a very attractive home, and contains autograph photographs of the late King Edward VII, Queen Alexandra and Florence Nightingale.

Miss Trusler is in charge of the new V. O. N. district at Dundas, Ont.

Miss Crowe is assistant on the Stratford V. O. district staff; Miss Pearce is on the Winnipeg staff; Miss Chipman is assistant in the Victorian Hospital, Kaslo, B. C., and Misses Smith and Lovering are on the High River Hospital staff.

Miss C. Beamish, V. O. N., leaves early in January to take a position on the Revelstoke Hospital staff.

The regular meeting of the Alumnae Association of Toronto General Hospital was held on Friday, January 5th, at 3.30 p.m. In the absence of the President, Miss Christie, First Vice-President, occupied the chair. The Association decided to continue the chapter in the Evangelia Settlement this year and to resume the weekly sewing meetings to help in this work. After the disposal of all business, Miss Brerton, Superintendent of the Maternity Department of the Toronto General Hospital, gave a most interesting and instructive address on "Obstetrics," giving the latest methods in use at the Burnside. A hearty vote of thanks was tendered Miss Brerton at the close of her carefully prepared address. At the close of the meeting, Miss Stewart, Lady Superintendent, entertained the members to tea in her drawing-room.

The new Nurses' Home of the Isolation Hospital, Edmonton, Alta., was opened on November 28th, 1911, and is a welcome addition to the hospital. The Home is of brick and has twelve rooms—two sitting-rooms, nine bedrooms and sewing-room. On the first floor are the Superintendent's suite, nurses' sitting-room, two head nurses' rooms and bathroom. On the second floor are four double and two single bedrooms, sewing-room and bath. The nurses appreciate the Home very much and find it very cosy and homelike.

The new Nurses' Home of the McKellar Hospital, Fort William, Ont., was opened on December 14th, 1911. The Ladies' Aid and Nurses held a reception in honor of the event, to which the citizens were invited. A very happy time was enjoyed by all and many complimentary remarks interchanged about the beautiful new Home.

The regular meeting of the Toronto Central Registry Committee was held at 569 Bathurst Street on Wednesday, January 3rd, at 3 p.m. In the absence of Miss Ferguson, the Convener, the chair was occupied by Miss Mitchell. Seven members were present. The Registrar reported a total of 235 calls for December. Nine new members were added in December and six applications considered to-day and accepted.

We are sorry to report the death of one of our members—Miss Kate Winnifred Clark, graduate of New Haven, Conn.—who died after a short illness on December 18th of broncho-pneumonia.

Letters of thanks and appreciation were read from the sick nurses who had received flowers and from the telephone operators for their Christmas remembrances.

The Treasurer reported a total balance of $1,621.53. A social cup of tea was enjoyed at the close of the meeting.

The Graduate Nurses' Association of Thunder Bay District held their regular meeting at Port Arthur, Ont., on Thursday, January 4th. Owing to the severity of the weather (30 degrees below zero) and the fact that many of the nurses are busy, the attendance was small. It was decided to have the names of graduates inserted in the Telephone Directory under a classified heading. Refreshments were served at the close, and a social half hour much enjoyed.

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The regular monthly meeting of the Ottawa Graduate Nurses' Association was held at the Club, Somerset Street, Monday, January 8th, at 3.30 p.m., with an attendance of about twenty-three members. Dr. E. B. Echlin gave a short but very instructive talk on Diseases of the Stomach; speaking particularly of Ulceration, medical treatment, also explaining the method of procedure in gastro-enterostomy. The meeting then adjourned, after which refreshments were served.

The regular meeting of the Toronto Western Hospital Alumnae Association was held in the Nurses' Residence on Friday, January 5th, at 3.30 p.m. The President, Mrs. MacConnell, occupied the chair. After the disposal of business Dr. Herbert Carveth gave a short and very instructive address on "First Aid in Drowning," which was much appreciated.

As the election of officers will hereafter be by ballot, a nominating committee was appointed to prepare a list for next meeting. It was decided to postpone the proposed dance till the opening of the new hospital and then unite with the hospital staff in their dance. A full attendance is urged for February as it is the annual meeting. Refreshments were served at the close.

Kingston, Ont.—At the November meeting of the Nurses' Alumnae Association of Kingston General Hospital the members decided to ask for donations from their friends in the city and elsewhere for the Nurses' Home Fund. At the December meeting the members reported great success. Many were much pleased with the graduate nurses' interest in the Nurses' Home and the excellent object of the appeal. The amount so far realized is $92.50. The list is open until January to give those who have been unable to respond to the appeal an opportunity of doing so. The meeting was well attended. Several of the recent graduates have become interested in the work of the Association and promise more regular attendance and greater interest for the coming year.

The Annual Meeting of the Berlin Graduate Nurses' Association was held at the Berlin and Waterloo Hospital, Berlin, Ont., on November 13th. The attendance was good. The officers elected for the year were: President, Mrs. Foster; Vice-President, Mrs. Bowman; Treasurer, Miss Uttley; Secretary, Miss Master; Registrar, Mrs. Bowman. The Association has only been organized one year and has more than met the expectation of the Executive in the steady growth of mmbership and increasing interest taken in the meetings. The programmes for the year have been varied. The doctors have given interesting talks on various phases of the profession. One of particular interest was a lecture on "The Dresden Congress on Hygiene and Sanitation" given by Dr. Honsberger, the Dominion representative to the congress. Travel talks and social evenings have drawn the nurses out of the beaten path. We are looking forward to an increasingly interesting new year.

Miss Ella W. Hill, of Bluefield, W. Va., a graduate of Hall's Hospital, Cincinnati, Ohio, and later Night Superintendent of the Women's Hospital, New York, after completing her courses in physiologic therapeutics at the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, Pa., has been engaged as Head Nurse for the private sanitarium of Drs. St. Clair and Fox at Bluefield, W. Va.

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Superintendent of Nurses

The Homeopathic Hospital, Buffalo, N. Y., has engaged Miss Kathrine Stevenson, of Owen Sound, Ont., a graduate of the City Hospital, Buffalo, N. Y., and of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, Pa., to teach the nurses in training medical massage and Swedish movements.

St. Luke's Hospital, of Chicago, Ill., has engaged the services of Mrs. Caroline Beer, a graduate of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, Pa., to take charge of the mechanical department of this hospital and to teach the nurses in training medical massage and gymnastics.

Mr. Edward Faust, of Philadelphia, a graduate of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, has been placed in charge of the mechanical department of the outpatient clinic of the Medico-Chirurgical Hospital and Medical College, Philadelphia. Mr. Faust is also connected with the Mt. Sinai Hospital, Philadelphia.

SPECIALIZING.

By Anna T. Phillips, Tacoma, Wash.

In this twentieth century, which is an age of prevention quite as much as of cure, it is a great blessing to mankind that more special work is being done to save the lives of the people. For many years this has been true of the medical profession, and we notice with pleasure that each year finds more of the nurses taking post-graduat work; and we should urge the recent and prospective graduate to take a "post" course in some large and well-equipped hospital. Very many new lines of work are opening for nurses, and many of them will require special study and preparation.

In a recent lecture to nurses, one of our prominent physicians expressed the desire most strongly that "more of the nurses would make special preparation for the care of infants." There is a large field in the work of saving the babies, many of whom die every year for the lack of intelligent care.

You are all familiar with the various lines of work now opening for the trained nurse, by reading the nursing journals, so I need not enumerate them.

These words of Dr. David Starr Jordan are well for us to remember: "Through modern civilization we are coming into our inheritance, and this heirloom includes the *best* that any man has done or thought since history and literature and art began; but we must work all this out for ourselves."

We must each put forth the best that is in us, to do our chosen line of work thoroughly, taking advantage of every opportunity for improvement, not only for our own benefit, but also that we may be helpful to those whom we meet in our daily life. We must realize that each of us carries an individual responsibility in living. This century has ready positions for the skilled laborer, either man or woman, and in no profession is this better illustrated than in our own, where the nurse who makes a special study and effort, is well repaid, not only financially, but in gratitude, from appreciative patients and doctors. "That

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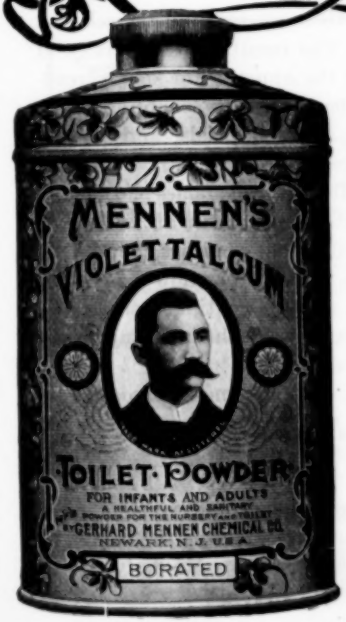

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social system which bids men rise, must also let them fall, if they cannot maintain themselves."

May these good words by Longfellow encourage us:

"The heights by great men reached and kept,
Were not attained by sudden flight;
But they, while their companions slept,
Were toiling upward in the night."

Nurses' Journal of the Pacific Coast.

NERVES AND NERVOUSNESS.

The interesting lecture of Sir James Crichton-Browne, M.D., given at the Prince of Wales' Hospital, Tottenham, on Thursday, November 16th, as part of the North-East London Post-Graduate College Course, was well attended; the lecture hall was crowded with doctors from near and far, and by special invitation the matron and a few of the sisters found seats in the hall.

Sir James dwelt on the various causes of the increased nervousness of people at the present day, and enlarged upon the strain and stress occasioned by the conditions of modern life, which although vastly improved since the days of our forefathers, yet made far greater demands upon our nervous energy.

He pointed out that weakness of attention is the fundamental element in nervous disease, and explained that attention is a function of the brain that needs cultivating—it is the point of attachment between the soul and reality: the great regulator of mental balance. The habit of fixing the attention steadily on one thing for any length of time, he said, was being lost: children were not trained to do so. There are too many demands on their attention in the schools: too many subjects crowded into their curriculum. The result is loss of fixity of purpose, and this is seen in adults in the decline of the appetite for steady reading. No longer can a "square meal" of literature be tolerated; "snappy" newspaper paragraphs have taken the place of more solid editorials, and picture palaces and musical comedies are preferred to tragedy.

Among the contributory causes of nervous disease, Sir James considered might be reckoned the artificial feeding of infants, the growth of unchecked dental caries with all its accompanying dyspeptic ills, the enormous increase of betting, the spread of emotionalism in all its phases. The victory now-a-days was to the vivid and nervous, not the dull and brawny, and the continued stress and strain of incessant small daily worries made nervous disease in its many forms one of the causes of the disquieting increase of insanity.

Fortunately, after this somewhat pessimistic view of modern society in general, Sir James told his hearers in plain words the cure for nervous exhaustion. Not drugs, nor expensive "cures," but rest and sleep, fresh air and good food.

With these homely and not impossible remedies at hand, and common sense with which to use them, perhaps some of us may manage to escape the well-nigh universal neurasthenia resulting from the strain and stress of our daily life.—*The Nursing Times.*

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LOUIS H. A. VON COTZHAUSEN, Ph.G., M.D. (Grad. Phila. College of Pharmacy, Med. Dept. Univ. of Penna., Penna. Orthopædic Institute.)

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ACUTE CORYZA

(Continued from page 73)

tioners who have compleetd their course have expressed their gratitude for the benefits they have derived, and the kind manner in which they have been treated.

The Committee have much gratification in recording their entire satisfaction at the manner in which the Matron and Resident Medical Health Officer have performed the duties undertaken by them.

The Committee consider that the result of the first year's trial affords sufficient evidence that the plan pursued has been attended with success, but they consider it would be prudent to defer any extension of it for the present. Twelve new Probationers will be admitted at the beginning of next month to fill the existing vacancies.

In conclusion the Committee beg to state that all their proceedings have been taken with the sanction of Miss Nightingale, and that in fact all important details for the working of the plan have been suggested by her.

Annexed is the account of the expenditure of the Committee up to the 24th June, 1861, and the names of the Probationers who have been placed upon the Register as certificated nurses. The net income of the fund for the past year amounted to £1,426. J. JEBB, *Chairman.*

FIRST CLASS.

MARY BARKER.
JANE ELIZABETH COUCHMAN.
ANNIE LEES.
CHARLOTTE NIXON.
HARRIET PARKER.
GEORGINA H. PIKE.
FANNY WILDE.

SECOND CLASS.

EMILY MEDHURST.
MARY ANN PHILLIPS.
CAROLINE STONE.
EMMA WHITLOCK.

N.B.—The names are placed alphabetically.

THE PULSE.

The object of the circulation is to supply a continual stream of nourishment to the tissues and to remove from them all those unhealthy waste materials which are capable of entering the blood. In order to bring about the required interchange of materials it is necessary that the blood and the tissues should be in direct contact, and also that they should be so for a sufficient length of time. Thus, although there is a continuous pressure in the blood stream, this becomes much slower in the capillaries and less intermittent. The blood is made to move, in the systemic arteries, by the action of the left ventricle, and in health its action increases or diminishes according to the amount of blood which the tissues require. Less blood is required when the body is at rest, and a greater amount during active exercise. It is really the strength of this left ventricle that we are trying to determine when we examine the pulse.

"while the paramount serviceability of a remedy is its therapeutic value, its adaptability is an item of no small import.

This is particularly true in the application of hot moist heat, the generally accepted treatment for inflammatory conditions, where its continued application is so essential for results.

To subject a patient to frequent and unnecessary dressings and exposure, as is the case where poultices, moist packs, etc., are used, not only retards the progress of treatment, but disturbs and annoys the patient and is not in keeping with advanced therapeutics.

The serviceability of antiphlogistine as a therapeutic agent is best attested by the preference accorded it by the medical profession in the treatment of Congested or Inflammatory conditions where hot moist heat is called for.

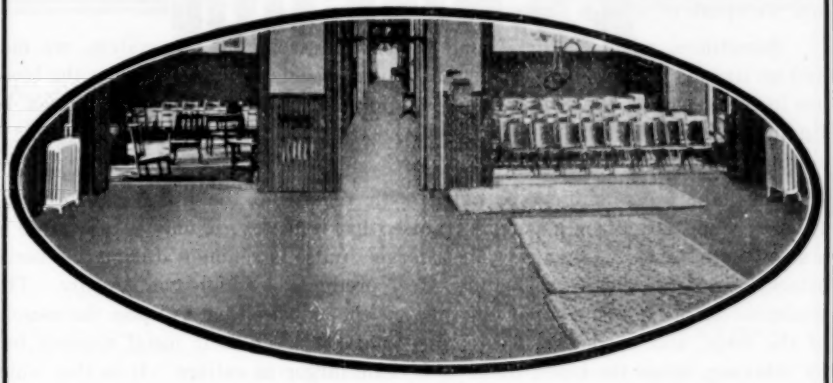
The adaptability of antiphlogistine indicates it as the best medium for the employment of hot moist heat, as it is easy to apply, holds its heat for hours and thus does not disturb or annoy the patient."

The nervous system also has some power over the condition of the pulse, as it regulates the rhythm rate and the force of the heart's contractions, and also the calibre of the arteries.

Three sets of nerves are concerned in this—the vagus nerve, the sympathetic system, and the nervous mechanism of the heart itself. The amount of control that the latter exerts upon the heart's action is not very clearly known. When the sympathetic nerves are stimulated the chambers of the heart are enlarged in capacity, and also the heart's movements are accelerated. On the other hand, when the vagus nerve is stimulated, the action of the heart becomes slower instead of quicker.

The character of the blood also, to some extent, has an effect upon the circulation, chiefly owing to the fact that its quality very readily affects the centre which regulates the heart's action.

From birth to about twenty-one the rate of the pulse lessens. After that there should be no great variation in its rate until the individual reaches the age of sixty or seventy, and the amount of acceleration then will depend upon any degenerative changes affecting the heart or the blood. There are many factors besides age, however, which affect the pulse rate. Sex, temperature, food, exertion, position, and many other conditions all have their influence. Usually the pulse is more rapid in women than in men, and, as has been stated, it is quicker in children than in adults. It is slower during sleep, more rapid after food, and also more so when standing than when sitting. In a healthy adult the pulse beat may be said to be from seventy to eighty beats a minute. When counting a patient's pulse it is almost superfluous to say that one should use a watch with a second hand. Some slovenly nurses, long past their probation, pretend to count a pulse by the minute hand, but this is, at the best, a mere apology for what is really a very important duty. Usually the pulse should be taken at the radial artery just above the wrist, though, sometimes, when it cannot be felt there, it may be perceptible at the carotid, temporal or femoral arteries, because such large arteries retain pulsation longer than the smaller. When examining a pulse three fingers should be placed lightly over the artery, not only one, and it is not merely necessary to ascertain its rate; many other points ought to be noted by the intelligent nurse, although its frequency is, naturally, a matter of pre-eminent importance in all cases of illness. It is apt to be most rapid where there is fever, but this rapidity varies in the different types of fever, as it also does with their severity. In scarlet fever it is apt to be much quicker than in enteric, while in rheumatic fever it is slower than in either of those. In children the pulse rate is very readily quickened, so one need not always take alarm when, in a child, it is noted to be more rapid than other conditions would lead one to expect. If in an adult, however, we find a pulse of 120 or 130, then we may take it that the case must be a serious one. In pneumonia, for instance, a pulse of 120 or 130 would show that the heart is very weak, and so one would constantly be on the watch to see whether it is still promising to hold its own. Should the pulse tend to become still more rapid this is evidence that the heart is threatening to give way and that more stimulants may be required. In time



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Science has proved dust is a favorite nesting place for disease germs.

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the pulse may become so quick and so "small," that it is impossible to count it, and we speak of it as a "running" pulse.

Sometimes, when there is some poison circulating in the system, we may find an unusually slow pulse. This is often noticeable in uræmia, when the blood has in it substances which the kidneys ought to have removed but have failed to. Again, we have the same slow pulse in jaundice, owing to the fact that bile is circulating in the blood.

An important point to be noted with regard to the pulse is its "size." It may be a "large" or a "small" pulse, that is to say, it may give a large or a small impulse to the fingers. The "large" pulse is common during a feverish attack, and is due to the weakening effect produced by high temperature. This weakness has its influence upon the walls of the arteries, just as upon the muscles of the body, and so the arteries cannot contract after their usual manner but, by relaxing, cause the blood-vessel to become larger in calibre. It is this which gives rise to what we speak of as the "dicrotic" pulse.

The "small" pulse gives a very slight pressure to the finger because the artery is not being properly filled with blood. It implies, as a rule, that the patient's heart is weak. If it becomes so small as to be hardly perceptible, we term it a "thready" pulse, and we recognize that the patient's condition is very serious.

Another condition, to be observed when examining the pulse, is its compressibility; and we describe it, in this connection, as "hard" or "soft." By the former term we mean that it takes a greater amount of pressure than usual to stop its beating because the artery happens to be distended with blood. In such a case we say that there is "high arterial tension." Not only does the vessel contain an increased amount of blood, but its muscular coat is contracting more than usual, owing, very often, to the presence of some irritating poison in the blood, as there is in a case of kidney disease, of which this hard pulse is frequently a symptom. A "soft" pulse is one which is arrested by very slight pressure. Usually it points to heart weakness.

In the "dicrotic" pulse there are two pulsations at the wrist for every heart-beat, the second beat being generally weaker than the first. It is common in prolonged cases of high temperature, and arises from the fact that the arteries are not being properly filled with blood.

Irregularity in the pulse is a serious symptom. This condition may occur either in connection with the force of the pulse, or the intervals between its beats. In the first case strong beats are followed by weak ones, or vice versa. In the second case the pulse goes, for a few beats, quickly, and then becomes slower. Again it quickens and again it becomes slower, and so on. Such a pulse is often found in cases where there is disease of the mitral valves, and it is always a serious symptom.

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The portrait is from an unpublished photograph taken in the grounds of Claydon House by the late Colonel Lloyd-Verney, a relative. All who honor the work of Florence Nightingale will be glad of the opportunity to secure this portrait. The price is 5s.

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The Care of the Baby.. A manual for mothers and nurses. By J. P. Crozer Griffith, M.D., Clinical Professor of Diseases of Children in the University of Pennsylvania, Physician to the Children's Hospital; Consulting Physician to St. Christopher's Hospital for Children, Member of the American Pediatric Society and the Association of American Physicians, Corresponding Member of the Societe de Pediatrie of Paris. Fifth revised edition. 12mo. of 455 pages, illustrated. Cloth, $1.50 net. W. B. Saunders Co., Philadelphia and London. Canadian agents, the J. F. Hartz Co., Ltd., Toronto.

The nurse is often asked to advise the mother of a reliable and really helpful work that will direct her in the care of her little child. Here is the desired book. The hygiene of pregnancy, the characteristics of the healthy baby and the growth of its mind and body are all carefully dealt with *in detail,* as are also the needs of the baby—food, sleep, exercise, etc. A chapter on the sick baby furnishes valuable information of use in emergency or until the arrival of the physician. Appendix I and II on dietary contain a number of recipes and formulae for food mixtures that will often prove of great value.

Reference Handbook of Obstetric Nursing. By W. Reynolds Wilson, M.D., Visiting Physician to the Philadelphia Lying-in Charity, Member of the American Pediatric Society. Second revised edition. 32mo. of 256 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1911. Flexible leather, $1.25 net. Canadian agents, the J. F. Hartz Co., Ltd., Toronto.

This convenient volume covers this subject thoroughly, and is a valuable handbook for specialists in this branch of nursing.

State Registration of Nurses. By Louie Croft Boyd, R. N., Graduate of Colorado School for Nurses. 12mo. of 42 pages. Philadelphia and London: W. B. Saunders Company, 1911. Price 50 cents net. Canadian agents, the J. F. Hartz Co., Ltd., Toronto.

This is not a discussion of the subject of registration, but a carefully compiled summary of the registration laws in force in the United States, conveniently arranged for reference or comparison. A very complete bibliography on the subject completes the volume.

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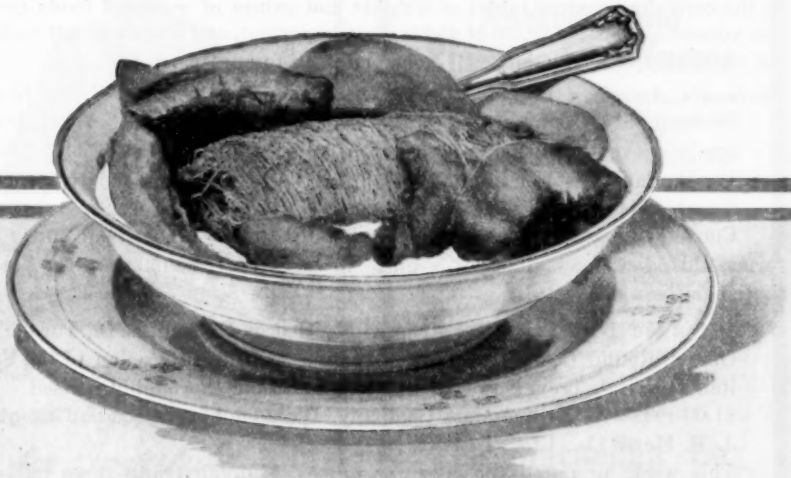

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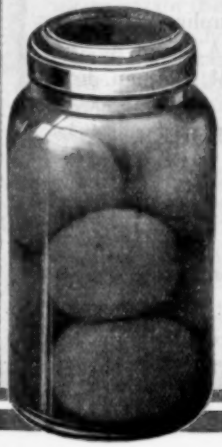

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The work of estimating the nutritive value of foods is reduced to a minimum by the carefully-prepared tables of weights and values of prepared foods given in this volume. The regulation of diet is most important, and a work which facilitates the estimation of food values will commend itself to nurses.

Dorland's American Pocket Medical Dictionary. Edited by W. A. Newman Dorland, M.D., editor "Dorland's American Illustrated Medical Dictionary." Seventh edition. 32mo. of 610 pages. Philadelphia and London: W. B. Saunders Company, 1911. Flexible leather, gold edges, $1.00 net; thumb indexed, $1.25 net. The J. F. Hartz Co., Ltd., Toronto.

Convenient size, clear type, thoroughly up to date in medical and nursing terms, this dictionary deserves a place in your professional library. A good dictionary is a necessity.

Nursing in the Acute Infectious Fevers. By George P. Paul, M.D., Town Health Officer, Round Lake, New York; sometime Visiting Physician to the Samaritan Hospital, Troy, New York. Second edition, thoroughly revised. Price, $1.00 net. W. B. Saunders Company, Philadelphia. Canadian agents, the J. F. Hartz Co., Ltd., Toronto.

This work, prepared specially for nurses, is divided into three parts—the first treats of fever in its general aspects, forming a basis for further study; the second discusses each of the acute infectious fevers as to cause, symptoms, course, prognosis and care; and the third furnishes much valuable information so that the nurse may work intelligently. The illustrations are good and the text full, clear and concise. Nurses will appreciate Dr. Paul's book.

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